Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

2229.3012.001

CLAIMS AS FILED - PART I								SMALL ENTITY			OTHER THAN		
TOTAL CLAIMS			(Column 1)		(Colu	(Column 2)		TYPE .		OR			
TOTAL CLAIMS								RATE	FEE		RATE	FEE	
FOR			NUMBER FILED .		NUMB	BER EXTRA		BASIC FEE	385.00	OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			// mir	nus 20=	* 0	* 0		X\$ 9=		OR	X\$18=		
INDEPENDENT CLAIMS				inus 3 =	, 0	'		X43=		OR	X86=		
MU	LTIPLE DEPEN	NDENT CLAIM PE	RESENT					+145=		OR	+290=		
* If	the difference	e in column 1 is	less than ze	∍ro, enter	· "0" in c	column 2	L	TOTAL	385	OR	TOTAL		
CLAIMS AS AMENDED - PART II											OTHER	THAN	
		(Column 1)		(Colun		(Column 3)	, ,	SMALLE		OR	SMALL	ENTITY	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIC PAID I	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NDW	Total	*	Minus	**		=		X\$ 9= ·		OR	X\$18=		
AME	Independent	*	Minus	***		=		X43=		OR	X86=		
ш	FIRST PRESE	NTATION OF MU	JLIIPLE DEF	,ENDEN I	CLAIIVI		1	+145=		OR	+290=		
								TOTAL ADDIT. FEE	•	OR	TOTAL ADDIT. FEE		
		(Column 1)		-	DDH. I LL			ADD::.: 22.					
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID I	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL, FEE		RATE	ADDI- TIONAL FEE	
NDM	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
AME	Independent	*	Minus	***		=		X43=		OR	X86=		
لــــا	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=			+290=		
							L	TOTAL		OR	TOTAL		
								DDIT. FEE		OR ,	ADDIT. FEE		
		(Column 1)		(Colum		(Column 3)	1 ,-		1				
AMENDMENT C		REMAINING AFTER AMENDMENT	·	NUME PREVIO PAID F	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NDN	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
AME	Independent	*	Minus	***		= -		X43=		OR	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM										222		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+290=		
**	f the "Highest Nun	Al	TOTAL DDIT. FEE	·	OR ,	TOTAL ADDIT. FEE							
		mber Previously Paid ober Previously Paid					r foun	id in the appr	ropriate box	in coli	umn 1.		